

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Temporary EIBI State Funded Program Enrollment Agreement

1. The purpose of this option is to ensure children receive timely EIBI services by reducing the current wait time between Level of Care (LOC) determination by the Consumer Assessment Team (CAT) and PDD waiver enrollment.
2. The Temporary EIBI State Funded Program Enrollment option is not a standard program or long term service offered through the PDD Program and maybe discontinued at any time at the discretion of DDSN. Should this option be discontinued, all Case Management providers will be notified.
3. The Temporary EIBI State Funded Program Enrollment option is not available to children who are receiving ABA services through an insurance carrier.
4. The Temporary EIBI State Funded Program Enrollment option is available to children who have met LOC as determined by CAT, and are eligible to receive EIBI Waiver services upon completion of enrollment.
5. This option is available for a period of time not to exceed 90 days. If at any time during the 90 day period waiver enrollment is completed, the Temporary State Funded slot will be converted into an EIBI Waiver slot. If after 90 days, the enrollment process has not been completed, EIBI State Funded services will be terminated. There will be limited extension of State Funded EIBI services beyond the 90 day period if the delay is not due to the family's lack of response.
6. During this 90 day period, the parents/legal guardians must respond to all Medicaid and Case Manager requests so the child can be enrolled.
7. While participating in this option, parents/legal guardians will be treated as waiver participants (i.e. they will not be able to receive other services such as Family Support or Respite).
8. To begin services, the Case Manager will use the form Authorization for Temporary EIBI State Funded Program Services and authorize only the Assessment. Once the Assessment has been completed and disseminated, the Case Manager will authorize Program Development and Training and other EIBI services.

The Temporary EIBI State Funded Program Enrollment option has been explained to me by my Case Manager and I wish to receive this service. I understand and will follow the above guidelines.

Parent/Legal Guardian Signature / Date

Case Manager Signature / Date

Original: Participant's File Copy: Parent/Legal Guardian, PDD Waiver Coordinator and District Autism Staff

SAMPLE